OR

OR

TOTAL

ADD'L FEE

PTO/SB/06 (08-03)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 ≈ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter \*0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS ⋖ PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDMI Minus (37 CFR 1 18(c)) OR Independent (37 CFR 1.16(b)) Minus Э ٠, OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{m}$ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus NON (37 CFR 1,16(c)) OR X \$ Independent (37 CFR 1.16(b)) Minus 竝 OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST () REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1,16(c)) OR Independent (37 CFR 1.16(b)) Minus ш OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".